



18334 U.S. PTO

PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. P-5677	
		First Inventor James M. Harris	
		Title NEISSERIA GONORRHOEAE ASSAY	
		Express Mail Label EL737854633US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 34] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <small>(if filed)</small>- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) <small>(35 U.S.C. 113)</small> [Total Sheets 1]</div> <div>5. Oath or Declaration [Total Pages 3]<div style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</div><div style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input checked="" type="checkbox"/> Paper</div></div><div style="margin-left: 20px;">c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</div></div>	
ACCOMPANYING APPLICATION PARTS			
<div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div> <div>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other:</div>			
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<div style="margin-left: 20px;"><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</div><div style="margin-left: 20px;">Prior application information: Examiner _____ Group / Art Unit: _____</div></div> <div>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>			
19. CORRESPONDENCE ADDRESS			
<div><input checked="" type="checkbox"/> Customer Number: 26253 or <input type="checkbox"/> Correspondence address below</div>			
<div>Name Becton, Dickinson and Company</div>			
<div>Address 1 Becton Drive</div>			
City Franklin Lakes		State New Jersey	Zip Code 07417
Country USA	Telephone 201-847-7111	Fax 201-848-9228	
Name (Print/Type) Allan M. Kiang		Registration No. (Attorney/Agent) 42,725	
Signature		Date April 16, 2004	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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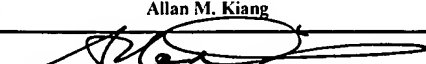
**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **\$982.00****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	James M. Harris
Examiner Name	
Art Unit	
Attorney Docket No.	P-5677

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 02-1666		Fee Code	Fee (\$)
Deposit Account Name: Becton, Dickinson and Company		Fee Code	Fee (\$)
The Director is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
Fee Description		Fee Description	
Fee Paid		Fee Paid	
1001 770	2001 385	Utility filing fee	770.00
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims		Fee from below	
Total Claims	27 -20** = 7	X 18.00 = 126.00	
Independent Claims	4 -3** = 1	X 86.00 = 86.00	
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
Fee Description		Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	
**or number previously paid, if greater; For Reissues, see above			
SUBTOTAL (3)		(\$)	
*Reduced by Basic Filing Fee Paid			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Allan M. Kiang	Registration No. (Attorney/Agent)	42,725
Signature		Telephone	201-847-7111
		Date	April 16, 2004

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